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June 28, 2004

OFFICIAL

TO: Examiner (TC1600)

GROUP: 1646

FAX NUMBER: 703-872-9306

ATTORNEY DOCKET NO.: MCP-0082

SERIAL NO.: 10/042,696

FILED: October 3, 2001

NUMBER OF PAGES: \$\footnote{\capacitan}\$

MESSAGE: Attached please find Amendment Transmittal Letter, Reply to Restriction Requirement mailed May 26, 2004 and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!

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| CERTIFICATE OF Applicant(s): Tuszynski | Docket No. MCP-0082 | | | | | | | | | |
|---|------------------------------------|---|--|--|--|--|--|--|--|--|
| Application No. 10/042,696 | Filing Date October 3, 2001 | Examiner Not yet assigned | Group Art Unit 1646 | | | | | | | |
| Invention: Retroinverso Polypeptides That Mimic or Inhibit Thrombospondin | | | | | | | | | | |
| | | | RECEIVED CENTRAL FAX CENTER JUN 2 8 2004 | | | | | | | |
| I hereby certify that this | Res | ponse to Restriction Requireme (Identify type of correspondence) | ent | | | | | | | |
| is being facsimile transm | nitted to the United States Patent | | No. 703-872-9306 | | | | | | | |
| On June 28, 2 | 2004 | | | | | | | | | |
| | Note: Each paper must ha | Kathleen A. (Typed or Printed Name of Pers. Athlee M. (Signature) (Signature) | | | | | | | | |
| | | | | | | | | | | |

| 10/042,696 October 3, 2001 Not yet assigned 26259 1646 3964 | AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Tuszynski et al. | | | | | Docket No. MCP-0082 | | | | | |
|--|--|-----|-----------|--------|----------|------------------------|---------|--------|--|--|--|
| COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. Applicant claims small entity status. See 37 CFR 1.27 The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED | | _ | | | | io. | | | | | |
| Transmitted herewith is an amendment in the above-identified application. Applicant claims small entity status. See 37 CFR 1.27 The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED | Invention: Retroinverso Polypeptides That Mimic or Inhibit Thrombospondin | | | | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE TOTAL CLAIMS 14 - 20 = 0 x \$9.00 \$0.00 INDEP. CLAIMS 3 - 3 = 0 x \$43.00 \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of 10 cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. The fee has been calculated as shown below. CLAIMS AS AMENDED RATE APATE FEE TOTAL CLAIMS PRESENT FEE TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 Any additional filing fees required under 37 C.F.R. 1.16. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment of the following fees associated with this communication or credit any overpayment of the following fees associated with this communication or credit any overpayment of the following fees associated with this communication or credit any overpayment of the following fees associated with this communication or credit any overpayment of the following fees associated with this communicatio | | | | | | | | | | | |
| CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA FEE ADDITIONAL FEE TOTAL CLAIMS 14 - 20 = 0 x \$9.00 \$0.00 INDEP. CLAIMS 3 - 3 = 0 x \$43.00 \$0.00 Multiple Dependent Claims (check if applicable) | ☐ Applicant claims small entity status. See 37 CFR 1.27 | | | | | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT TOTAL CLAIMS 14 - 20 = 0 x \$9.00 \$0.00 INDEP, CLAIMS 3 - 3 = 0 x \$43.00 \$0.00 Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT No additional fee is required for amendment. Please charge Deposit Account No. A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Matthew A. Tyrrell, Ret. No. 38,350 Licatz & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 | | | | | | | | | | | |
| TOTAL CLAIMS 14 - 20 = 0 x \$9.00 \$0.00 INDEP, CLAIMS 3 - 3 = 0 x \$43.00 \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Mattle, A. Tyrrell, Rep. No. 38,350 Licata & Tyrrell P.C. 66 East Main Street MarIton, New Jersey 08053 Tel: 856-810-1515 | | | HIGHEST # | NUMBI | ER EXTRA | | RATE | | | | |
| Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Patturn Harding | TOTAL CLAIMS | | | CLAINS | | x | \$9.00 | | | | |
| No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Patturn A June 28, 2004 I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Tel: 856-810-1515 | INDEP, CLAIMS | 3 - | 3 = | | 0 | x | \$43.00 | \$0.00 | | | |
| No additional fee is required for amendment. ☐ Please charge Deposit Account No. in the amount of ☐ A check in the amount of to cover the filling fee is enclosed. ☐ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 ☐ Any additional filling fees required under 37 C.F.R. 1.16. ☐ Any patent application processing fees under 37 C.F.R. 1.17. ☐ Dated: June 28, 2004 ☐ certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ☐ Tertify that this document and fee is being deposited on the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | Multiple Depender | | | | | \$0.00 | | | | | |
| □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. □ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 □ Any additional filing fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 CFR 1.17. □ Licata & Tyrrell, Reg. No. 38,350 □ Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 | | | | | | | | \$0.00 | | | |
| Fax: 856-810-1454 Signature of Person Mailing Correspondence CC: | | | | | | | | | | | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUN 2 8 2004

Attorney Docket No.:

MCP-0082

Inventors:

Williams et al.

Serial No.:

10/042,696

Filing Date:

October 3, 2001

Examiner:

Liu, Samuel W.

Group Art Unit:

1653

Title:

Retroinverso Polypeptides that Mimic or

Inhibit Thrombospondin

Certificate of Facsimile Transmission

I hereby certify that this document is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Reply to Restriction Requirement

This is a reply to the Restriction Requirement mailed May 26, 2004 setting a one (1) month statutory period for response. Please enter the following amendments and remarks into the record.

Amendments to the specification begin at page 2. Remarks begin at page 3.